

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>		
Mailing Address <b>22369 Ponderosa Dr.</b>			Amount <b>30.00</b>		
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>209e4e2c-0309-45ac-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>		
Mailing Address <b>22369 Ponderosa Dr.</b>			Amount <b>7.80</b>		
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>bffd756f-1f06-41e6-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>37.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>1010 S Dogwood Drive</b>		Amount <b>20.00</b>	
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>22e9c0b4-d473-4917-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>1010 S Dogwood Drive</b>		Amount <b>0.60</b>	
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>72a0b16d-25b9-4c0a-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>35.00</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>5b5eb880-d909-4efd-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>9.90</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>d2fd1edd-f9db-4497-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>44.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 20.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : <b>caf4f46d-9d26-46e4-8</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		245456.61	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 6.48	
City Raleigh	State NC	Zip Code 27606	Transaction ID : <b>aa382c08-c60d-4f1c-b</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		245456.61	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.48
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 20.00		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : fe9f2c5c-420a-4746-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 4.50		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : d7a7d52e-3fd6-4d1f-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>3315 Cardinal Ridge Rd</b>		Amount <b>55.00</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27410</b>	Transaction ID : <b>947508d2-fcfa-45e6-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>3315 Cardinal Ridge Rd</b>		Amount <b>34.50</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27410</b>	Transaction ID : <b>0518855e-8675-4505-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>89.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 60.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 18cad190-4e80-43b7-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 8.34	
City New Bern	State NC	Zip Code 28560	Transaction ID : 71f5011d-e166-4e15-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.34
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	08			D	D	D	19			Y	Y	Y	Y	Y	Y	2014					
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City Search	State AR	Zip Code 72149	Transaction ID : b6bf5a33-4f21-46a1-9 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	08			D	D	D	19			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>60241.65</td></tr></table>												60241.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
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Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	08			D	D	D	19			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 112 apache Dr			Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>10.20</td></tr></table>														10.20												
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City Search	State AR	Zip Code 72149	Transaction ID : 1b487190-31f6-4d23-b Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	08			D	D	D	19			Y	Y	Y	Y	Y	Y	2014					
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2014																													
Purpose of Expenditure Mileage		Category/ Type 002																											
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>60241.65</td></tr></table>												60241.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
					60241.65																								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>45.20</td></tr></table>												45.20
					45.20								
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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2014					

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>718 Azalea Dr.</b> <b>Unit 453</b>		Amount <b>40.00</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>766c07c9-fb88-4450-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>718 Azalea Dr.</b> <b>Unit 453</b>		Amount <b>12.09</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>373d9bc0-99b8-4a0a-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>52.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 10 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>61.00</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>bee9fb85-f4b2-49f2-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>24.00</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>c3845402-46ce-4c0b-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>85.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination		
Mailing Address 7214 Duchamp Dr			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Charlotte	State NC	Zip Code 23215	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">10.00</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	<b>Transaction ID : b390f8cd-b5d9-4603-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">245456.61</div>		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination		
Mailing Address 7214 Duchamp Dr			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Charlotte	State NC	Zip Code 23215	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">9.60</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div>	<b>Transaction ID : d97dc4f4-9dd5-4a12-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">245456.61</div>		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">19.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>45.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>634c4999-d4f4-437e-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammay Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>		Amount <b>80.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>0c5fb69f-8cc3-4dd8-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>125.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 13 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 19 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>		Amount <b>13.50</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>735880bd-c6bc-49e1-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carey T Henderson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 19 / 2014</b>	
Mailing Address <b>1025 Inverness Rd</b>		Amount <b>40.00</b>	
City <b>Suthern Pines</b>	State <b>NC</b>	Zip Code <b>28387</b>	Transaction ID : <b>8d2758ce-b506-42bd-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>53.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carey T Henderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1025 Inverness Rd		Amount 26.10	
City Suthern Pines	State NC	Zip Code 28387	Transaction ID : <b>ad0e26df-f9ae-4b12-9</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1804 Auburn Ave		Amount 10.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : <b>125341fa-cf93-4cff-b</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Donald Dessauer</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Mailing Address 1804 Auburn Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.60</div>		
City Metaire	State LA	Zip Code 70003	<b>Transaction ID : ecfb6a62-64b0-4349-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Mailing Address 4967 Dysartville			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Morganton	State NC	Zip Code 28655	<b>Transaction ID : c1992783-55f8-44f9-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 16 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 16d0e93b-8a85-4b3c-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 7.50		
City Morganton	State NC	Zip Code 28655	Transaction ID : 92a0cffd-f6ea-4a99-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014
Mailing Address 859 Hicks Rd		Amount 60.00
City Washington	State LA	Zip Code 70589
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 78ec47ef-a3e0-4efe-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014
Mailing Address 859 Hicks Rd		Amount 40.50
City Washington	State LA	Zip Code 70589
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d9b5d62f-1f16-4877-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 3654 Tara St		Amount 35.00	
City springdale	State AR	Zip Code 72762	<b>Transaction ID : 334dd12a-cb2f-46ec-9</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 3654 Tara St		Amount 9.60	
City springdale	State AR	Zip Code 72762	<b>Transaction ID : 5869e0f5-74fb-4a28-b</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	44.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 19 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>3346 Durham St Ext</b>		Amount <b>50.00</b>	
City <b>Burlington</b>	State <b>NC</b>	Zip Code <b>27217</b>	Transaction ID : <b>c6b50e60-d228-462e-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>3346 Durham St Ext</b>		Amount <b>3.30</b>	
City <b>Burlington</b>	State <b>NC</b>	Zip Code <b>27217</b>	Transaction ID : <b>616d4aa9-875f-4dc2-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>53.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 20 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>106 Hillside St</b>		Amount <b>95.00</b>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>7041e7c9-4f06-4b07-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>106 Hillside St</b>		Amount <b>26.97</b>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>d519a157-d2b7-4413-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>121.97</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 21 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2012 Harrison Ave</b>		Amount <b>100.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>58150e5f-c431-4571-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2012 Harrison Ave</b>		Amount <b>15.60</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>312caece-9ee8-44de-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>115.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 44 Bell Street Ext		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b2d1d3b7-159f-41d5-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	245456.61	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address     44 Bell Street Ext		Amount 20.40	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : beae453d-aad8-4980-8</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	245456.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 23 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : <b>ca743ceb-a7f2-4dfe-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 245456.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 20.40	
City Bakersville	State NC	Zip Code 28705	Transaction ID : <b>f6f640c4-616b-4cc4-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 245456.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	70.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 24 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dylan Simon</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 111 Millrock Drive		Amount 39.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 316f8dbb-2a36-467a-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Dylan Simon</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 111 Millrock Drive		Amount 19.56	
City Lafayette	State LA	Zip Code 70508	Transaction ID : d4573bd9-9e97-4a31-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	58.56
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>20.00</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>d2c4d5a3-a8b0-4ab5-9</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>11.10</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>83c9c755-eab3-4601-b</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>31.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>			

Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           20.00         </div>		
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : fd09ebd1-59cf-4ebe-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Salary		Category/ Type 001	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           12.90         </div>		
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 7908092d-eb3f-491e-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Mileage		Category/ Type 002	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">32.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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M M M / D D D / Y Y Y Y Y Y

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Theresa A Touchet</b>			Date of Public Distribution/Dissemination		
Mailing Address 102 French Street #3			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City New Orleans	State NC	Zip Code 70124	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Transaction ID : e1602508-5b95-4705-a Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92374.10</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Theresa A Touchet</b>			Date of Public Distribution/Dissemination		
Mailing Address 102 French Street #3			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City New Orleans	State NC	Zip Code 70124	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.30</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Transaction ID : df34ed60-347d-4ce1-8 Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92374.10</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>Barbara A Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 100.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 06f876b2-a5be-433d-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Nathan Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 1247 W Mt Comfort Rd			Amount 27.50		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 6d7888cb-a2ba-4f1b-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 60241.65			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	127.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nathan Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1247 W Mt Comfort Rd		Amount <b>9.84</b>	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : f089eaeB-60fc-4b85-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 407 randall Dr		Amount <b>50.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 154a0479-e1f9-4b79-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>59.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	30	OF	63
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>50.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>655b7297-781d-43c1-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>13.95</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>47729226-2d2b-4827-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>63.95</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>80.00</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>52db9d9e-5a7f-4ce2-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>28.74</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>bbf26ecd-d2ad-481d-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>108.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Peggy A Sides</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2183 Spokane Rd</b>		Amount <b>40.00</b>	
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>e01f3d85-e3e2-44ba-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peggy A Sides</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2183 Spokane Rd</b>		Amount <b>10.50</b>	
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>7fc06bb2-0f7a-4646-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 33 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Sterling	State VA	Zip Code 20165	<b>Transaction ID : daf0f5ba-51cb-41eb-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">245456.61</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Sterling	State VA	Zip Code 20165	<b>Transaction ID : 1ed19a44-7770-4a24-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">245456.61</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 34 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Brittany Jones</b>			Date of Public Distribution/Dissemination		
Mailing Address 338 Wayne Drive			<div style="border: 1px solid black; padding: 2px; display: inline-block;">             MM / DD / YYYY              08 / 19 / 2014           </div>		
City Shreveport	State LA	Zip Code 71105	Amount 12.50		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : ea49e223-70d1-4f15-8</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination		
Mailing Address 8026 S Wilwood Dr Apt 101			<div style="border: 1px solid black; padding: 2px; display: inline-block;">             MM / DD / YYYY              08 / 19 / 2014           </div>		
City Oak Creek	State WI	Zip Code 53154	Amount 40.00		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : c049ccd1-3f36-45d1-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	52.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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 08 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 308 West Main Street			Amount 52.50 <b>Transaction ID : fd4ed4f5-e107-4f68-b</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
City Pilot Mountain	State NC	Zip Code 27041			
Purpose of Expenditure Salary	Category/ Type 001				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014		
Mailing Address 308 West Main Street			Amount 12.84 <b>Transaction ID : 7e7d798d-b46e-48fe-9</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
City Pilot Mountain	State NC	Zip Code 27041			
Purpose of Expenditure Mileage	Category/ Type 002				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 245456.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	65.34
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 08 / 19 / 2014	
Mailing Address 308 West Main Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52.50</div>	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 2041c554-2adc-42b7-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">245456.61</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 08 / 19 / 2014	
Mailing Address 103 Washington Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33.00</div>	
City Newport	State NC	Zip Code 28570	Transaction ID : a357e01a-62c4-4b69-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">245456.61</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 37 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>103 Washington Ave</b>		Amount <b>10.35</b>	
City <b>Newport</b>	State <b>NC</b>	Zip Code <b>28570</b>	Transaction ID : <b>2e7e8f6b-4112-4616-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>87.50</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>a5c20c91-f7a1-4437-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>97.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 38 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>20.40</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>228313a6-818a-4e03-9</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>85.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>53f2fe4c-cf60-4028-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>105.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 39 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount 20.10	
City High Point	State NC	Zip Code 27260	Transaction ID : d6339566-c604-45ab-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 53b325ff-fdf4-40f4-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.10
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 40 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>4902 Catawba Dr</b>		Amount <b>70.00</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>9880a74e-b75b-415f-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>4902 Catawba Dr</b>		Amount <b>21.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>c72b65b8-1af7-4eaa-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>91.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 41 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2320 Saint Nick Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           70.00         </div>	
City New Orleans	State LA	Zip Code 70131	<b>Transaction ID : 6655f393-05c1-4f8e-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           92374.10         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2320 Saint Nick Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           7.20         </div>	
City New Orleans	State LA	Zip Code 70131	<b>Transaction ID : d05938fe-5a2b-4986-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           92374.10         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : 5b3b4d11-515d-44fb-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">60241.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.30</div>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : 4bc775ea-dc97-4828-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">60241.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">39.30</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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08 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>632 Cameron Court</b>		Amount <b>30.00</b>	
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>8963bb1f-596b-4568-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>632 Cameron Court</b>		Amount <b>8.19</b>	
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>92c98863-dd5e-4b03-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>38.19</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 44 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <b>10.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>38a6c471-87ad-418e-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <b>5.70</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>28f4932f-a381-42fc-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>15.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 45 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Petrina Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 3007 Darden Rd		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 5bb5b31d-22d3-48d1-9</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Petrina Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 3007 Darden Rd		Amount 25.50	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 83a8aeac-c9bb-4042-8</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	125.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>35.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>be1d0d7a-23c7-484f-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>4.83</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>0505a45b-af91-41d4-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>39.83</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 42.50	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : db419858-a62b-4549-a</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 14.88	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 708ea211-b1e1-430d-8</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	57.38
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 08 / 21 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 48 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lesley Lennox</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 2305 Cleary Ave		Amount 20.00	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 3c523e98-888b-4802-b</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lesley Lennox</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 2305 Cleary Ave		Amount 5.70	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 1febe4c5-fddb-49d1-9</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	25.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 49 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>250 JS Brewton rd</b>		Amount <b>60.00</b>	
City <b>goldonna</b>	State <b>LA</b>	Zip Code <b>71031</b>	Transaction ID : <b>28f97ada-1df7-48ec-b</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>250 JS Brewton rd</b>		Amount <b>5.40</b>	
City <b>goldonna</b>	State <b>LA</b>	Zip Code <b>71031</b>	Transaction ID : <b>fc1fd8e7-6862-4128-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>92374.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>65.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 50 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danelle M Hallenbeck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2103 Millcroft Rd</b>		Amount <b>65.00</b>	
City <b>Pleasant Garden</b>	State <b>NC</b>	Zip Code <b>27313</b>	Transaction ID : <b>f9518e15-227d-41d4-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danelle M Hallenbeck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2103 Millcroft Rd</b>		Amount <b>46.20</b>	
City <b>Pleasant Garden</b>	State <b>NC</b>	Zip Code <b>27313</b>	Transaction ID : <b>9cb9d0f1-75db-41bd-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>111.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 51 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>70.00</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>b0bbeba5-4289-4c58-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>6.00</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>13a5141e-8a4b-435e-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>60241.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>76.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 52 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           60.00         </div>	
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 6ef2c89f-e893-4993-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           92374.10         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           32.10         </div>	
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : a85bc03e-0241-4a64-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           92374.10         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">92.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 53	OF 63
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 74acc23a-11b4-413d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : db9e2c81-1bb1-4599-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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08 / 21 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 54 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>4e3e24ce-26f1-4b65-8</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rze Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>ee5e5ef6-fa26-4c3e-8</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 55 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>100 ASBURY CT</b>		Amount <b>20.00</b>	
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>0ea028de-d15c-48f0-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>20.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>566b58a5-f515-4c71-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>40.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 56 OF 63  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Elizabeth DeMaine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address <b>75 Stephenson Ln</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           50.00         </div>	
City <b>Sheridan</b>	State <b>AR</b>	Zip Code <b>72143</b>	<b>Transaction ID : 05b83b17-cdc3-4431-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           001         </div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           60241.65         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Elizabeth DeMaine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address <b>75 Stephenson Ln</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           34.20         </div>	
City <b>Sheridan</b>	State <b>AR</b>	Zip Code <b>72143</b>	<b>Transaction ID : 9eb9e4e2-d03d-4e5a-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure <b>Mileage</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           002         </div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           60241.65         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">84.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination		
Mailing Address 3007 Darden Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Greensboro	State NC	Zip Code 27407	Amount		
Purpose of Expenditure Salary			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>85.00</span> </div>		
Category/Type 001			<b>Transaction ID : 08ef21e0-486d-4f0b-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination		
Mailing Address 3007 Darden Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Greensboro	State NC	Zip Code 27407	Amount		
Purpose of Expenditure Mileage			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>33.00</span> </div>		
Category/Type 002			<b>Transaction ID : 045ed035-23f6-406e-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">118.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>	
Mailing Address 3007 Darden Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : e9b044ae-f00a-4157-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">245456.61</div>			

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>	
Mailing Address 1700 E Part Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : 0d88f6c6-3e17-4063-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">60241.65</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">115.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Mailing Address 1700 E Part Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.87</div>		
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : c5c61917-8180-4e98-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">60241.65</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Wayne Burckel</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Mailing Address 46 Glenwood Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>		
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : abed6421-7719-4b8c-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 19 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">92374.10</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">37.87</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 60 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Morgan E Hallenbeck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 3790 Christian Light Rd		Amount <b>75.00</b>	
City Fuquay Varina	State NC	Zip Code 27526	<b>Transaction ID : fcc5cd48-15d4-45cd-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>245456.61</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Morgan E Hallenbeck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address 3790 Christian Light Rd		Amount <b>40.80</b>	
City Fuquay Varina	State NC	Zip Code 27526	<b>Transaction ID : 1ace3d76-dd73-483a-9</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>245456.61</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>115.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**08 / 21 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 61 OF 63  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>50.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>91dd53ba-5f02-4d93-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>24.90</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>8a4ad242-bfa5-47de-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>74.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 62 OF 63  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 13 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>70.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>201acbc9fb4-48cb-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 13 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>27.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>ece54de8-a8da-4567-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>97.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**08 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2090 Fancy Gap Rd</b>		Amount <b>80.00</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>edf404b6-8fda-4ea4-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2014</b>	
Mailing Address <b>2090 Fancy Gap Rd</b>		Amount <b>28.74</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>7863ab6e-231e-45d8-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>245456.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>108.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>4350.17</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**08 / 21 / 2014**

Signature